

<i>SERFF Tracking Number:</i>	<i>AMCP-125244082</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>AmCOMP Preferred Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025827</i>
<i>Company Tracking Number:</i>	<i>AR FF APIC 2007</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Initial Policy Forms &amp; Endorsements</i>		
<i>Project Name/Number:</i>	<i>APIC Form Filing/AR FF APIC 2007</i>		

## Filing at a Glance

Company: AmCOMP Preferred Insurance Company

Product Name: Initial Policy Forms & Endorsements      SERFF Tr Num: AMCP-125244082 State: Arkansas

TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: AR-PC-07-025827
Sub-TOI: 16.0004 Standard WC	Co Tr Num: AR FF APIC 2007	State Status:
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Author: Lisa Patterson	Disposition Date: 08/22/2007
	Date Submitted: 08/17/2007	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New): 08/22/2007
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal):

## General Information

Project Name: APIC Form Filing	Status of Filing in Domicile: Not Filed
Project Number: AR FF APIC 2007	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 08/22/2007	
State Status Changed: 08/20/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

This is an initial filing for a new company AmCOMP Preferred Insurance Company (APIC).

APIC will adopt all policy forms, endorsements and rules as filed by NCCI with the Department of Insurance and approved for use for carriers. APIC hereby authorizes the Department to accept on its behalf policy forms and endorsements, rules and supplemental information filed by NCCI and approved by the Department for use with respect to Workers' Compensation and Employers Liability.

Additionally, APIC has attached to this filing one company specific endorsement for review and approval by the Department.

SERFF Tracking Number:	AMCP-125244082	State:	Arkansas
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TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Initial Policy Forms & Endorsements		
Project Name/Number:	APIC Form Filing/AR FF APIC 2007		

## Company and Contact

### Filing Contact Information

Lisa Patterson, Compliance Manager	lpatters@amcomp.com
701 US Hwy #1	(561) 840-7171 [Phone]
North Palm Beach, FL 33408	(561) 863-2692[FAX]

### Filing Company Information

AmCOMP Preferred Insurance Company	CoCode: 10346	State of Domicile: Florida
P. O. Box 88806	Group Code: 1237	Company Type: Workers Compensation
North Palm Beach, FL 33408-8806	Group Name: AmCOMP Incorporated	State ID Number:
(800) 226-1898 ext. [Phone]	FEIN Number: 59-2222527	
	-----	

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	1 initial Form Filing X \$50.00 = \$50.00
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0000271067	\$50.00	08/17/2007

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	08/22/2007	08/22/2007
Objection Letters and Response Letters			

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Carol Stiffler	08/21/2007	08/21/2007	Lisa Patterson	08/22/2007	08/22/2007
Industry						
Response						

<i>SERFF Tracking Number:</i>	<i>AMCP-125244082</i>	<i>State:</i>	<i>Arkansas</i>
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## Disposition

Disposition Date: 08/22/2007

Effective Date (New): 08/22/2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMCP-125244082 State: Arkansas

Filing Company: AmCOMP Preferred Insurance Company State Tracking Number: AR-PC-07-025827

Company Tracking Number: AR FF APIC 2007

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Initial Policy Forms & Endorsements

Project Name/Number: APIC Form Filing/AR FF APIC 2007

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Policy Endorsement Listing	Approved	Yes
Form	Policy Information Page Endorsement	Approved	Yes
Form	Declaration Page	Approved	Yes
Form	Extension of Information Page	Approved	Yes
Form	Additional Location Schedule	Approved	Yes
Form	Named Insured Schedule	Approved	Yes
Form	Endorsement Schedule	Approved	Yes
Form	Participation Endorsement	Approved	Yes
Form (revised)	Policy Jackt/Exection Clause	Approved	Yes
Form	Policy Jackt/Exection Clause	Approved	Yes

SERFF Tracking Number: AMCP-125244082 State: Arkansas  
Filing Company: AmCOMP Preferred Insurance Company State Tracking Number: AR-PC-07-025827  
Company Tracking Number: AR FF APIC 2007  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Initial Policy Forms & Endorsements  
Project Name/Number: APIC Form Filing/AR FF APIC 2007

## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 08/21/2007

Submitted Date 08/21/2007

Respond By Date

Dear Lisa Patterson,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Policy Jackt/Exection Clause (Form)

Comment: This form appears to be blank with the exception of the Signatures, a date of 5/24/07 09:28 AM and the word AmComp. Is that all that what is supposed to be on that page?

Please note that while NCCI can file forms on the company's behalf, they cannot file rates or rating rules. Each company must adopt those filings by sending a filing to the Insurance Department

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 08/22/2007

Submitted Date 08/22/2007

Dear Carol Stiffler,

### Comments:

In response to your objection letter

### Response 1

Comments:

The 5/24/2007 is a date stamp of when the form was imaged into our company Imageright System for document

SERFF Tracking Number: AMCP-125244082 State: Arkansas  
 Filing Company: AmCOMP Preferred Insurance Company State Tracking Number: AR-PC-07-025827  
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 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
 Product Name: Initial Policy Forms & Endorsements  
 Project Name/Number: APIC Form Filing/AR FF APIC 2007

maintenance. It is not part of the form. The date has been removed.

In addition to AMCOMP and the signatures, the from has the execution clause:

"IN WITNESS WHEREOF, THE COPORATION HAS CAUSED THE SIGNATURES OF ITS EXECUTIVE OFFICERS TO BE AFFIXED HERETO, AND HAS CAUSED THIS POLICY TO BE COUNTERSIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE COMPANY"

I am attaching another copy.

Please let me know if you need anything further.

Thank you for your kind attention.

#### Related Objection 1

Applies To:

- Policy Jackt/Exection Clause (Form)

Comment:

This form appears to be blank with the exception of the Signatures, a date of 5/24/07 09:28 AM and the word AmComp. Is that all that what is supposed to be on that page?

#### Changed Items:

No Supporting Documents changed.

#### Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Policy Jackt/Exection Clause	WCJACK	(09-01)	Policy/Coverage Form	New		0	EXECUTI ON clause w signatures 08.2007.p df

<i>SERFF Tracking Number:</i>	<i>AMCP-125244082</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>APIC Form Filing/AR FF APIC 2007</i>		

**Previous Version**

<i>Policy Jackt/Exection</i>	<i>WCJACK</i>	<i>Policy/Coverage Form</i>	<i>New</i>	<i>0</i>	<i>Execution</i>
<i>Clause</i>	<i>(09-01)</i>				<i>Clause w</i>
					<i>signatures</i>
					<i>05.2007.p</i>
					<i>df</i>



<i>SERFF Tracking Number:</i>	<i>AMCP-125244082</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>AR FF APIC 2007</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Initial Policy Forms &amp; Endorsements</i>		
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**No Rate/Rule Schedule items changed.**

Thank you

Sincerely,  
Lisa Patterson

SERFF Tracking Number: AMCP-125244082 State: Arkansas

Filing Company: AmCOMP Preferred Insurance Company State Tracking Number: AR-PC-07-025827

Company Tracking Number: AR FF APIC 2007

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Initial Policy Forms & Endorsements

Project Name/Number: APIC Form Filing/AR FF APIC 2007

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Policy Information Page Endorsement	WC990628		Endorsement/Amendment/Conditions		0.00	Change Endmt WC990628 05.2007.pdf
Approved	Declaration Page	WC990629		Declaration News/Schedule		0.00	Declaration Page Southern Region 05.2007.pdf
Approved	Extension of Information Page 0	WC990630		Declaration News/Schedule		0.00	Extention of Info WC990630 05.2007.pdf
Approved	Additional Location Schedule	WC990631		Declaration News/Schedule		0.00	Additional Locations WC990631 05.2007.pdf
Approved	Named Insured Schedule	WC990632		Declaration News/Schedule		0.00	Named Insured Schedule WC990632 05.2007.pdf
Approved	Endorsement Schedule	WC990633		Declaration News/Schedule		0.00	Endorsement Schedule WC990633 05.2007.pdf
Approved	Participation Endorsement	WC990691		Endorsement/Amendment/Conditions		0.00	Participation Endorsement ALL PLANS WC990691 05.2007.pdf
Approved	Policy	WCJACK		Policy/Coverage		0.00	EXECUTION

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TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
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Jackt/Exection (09-01) rage Form  
Clause

clause w  
signatures  
08.2007.pdf



**AmCOMP****POLICY INFORMATION PAGE ENDORSEMENT**

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

This endorsement, effective on \_\_\_\_\_

(DATE)

at 12:01 A.M. standard time, forms a part of

Policy No.

of the

AmCOMP Preferred Insurance

issued to

Endorsement No.

\_\_\_\_\_  
Authorized Representative

The following item(s)

- |   |  |
|---|--|
| <input type="checkbox"/> Insured's Name WC990629                            | <input type="checkbox"/> Item 3.A. States WC990629                       |
| <input type="checkbox"/> Policy Number WC990629                             | <input type="checkbox"/> Item 3.B. Limits WC990629                       |
| <input type="checkbox"/> Effective Date WC990629                            | <input type="checkbox"/> Item 3.C. States WC990629                       |
| <input type="checkbox"/> Expiration Date WC990629                           | <input type="checkbox"/> Item 3.D. Endorsement Numbers WC990633          |
| <input type="checkbox"/> Insured's Mailing Address WC990629                 | <input type="checkbox"/> Item 4.* Class, Rate, Other WC990630            |
| <input type="checkbox"/> Experience Modification WC990630                   | <input type="checkbox"/> Interim Adjustment of Premium WC990630          |
| <input type="checkbox"/> Producer's Name WC990629                           | <input type="checkbox"/> Carrier Servicing Office WC990629               |
| <input checked="" type="checkbox"/> Change in Workplace of Insured WC990631 | <input type="checkbox"/> Interstate/Intrastate Risk I.D. Number WC990629 |
| <input type="checkbox"/> Insured's Legal Status WC990629                    | <input type="checkbox"/> Carrier Number WC990629                         |

is changed to read:

\*Item 4. Changed To: Item 4 is amended per the attached extension schedules & installment schedule

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium

Total Estimated Annual Premium \$

Minimum Premium \$

Deposit Premium \$ N/A

Issued Date:

Workers Compensation and Employers Liability  
Insurance Policy

## AmCOMP Preferred Insurance Co.

P.O. Box 291887  
Nashville, TN 37229-1887  
(888)317-0026

Policy Number	Policy Period
	From To
12:01 A.M. Standard Time at the address of the Insured as stated herein	

Transaction				
POLICY DECLARATION				
1. Named Insured and Address			Agent	
			Telephone:	
Customer #	Carrier # 31283	FEIN #	Risk ID #	Entity of Insured

Additional Locations:

2. The Policy Period is from to 12:01 a.m. Standard Time at the Insured's mailing address.

3. A. Workers Compensation Insurance: Part ONE of the policy applies to the Workers Compensation Law of the states listed here:

B. Employers Liability Insurance: Part TWO of the policy applies to work in each state listed in Item 3A.  
The limits of our liability under Part TWO are:

Bodily Injury by Accident	\$	each accident
Bodily Injury by Disease	\$	policy limit
Bodily Injury by Disease	\$	each employee

C. Other States Insurance: Part THREE of the policy applies to the states, if any, listed here:

4. D. This policy includes these endorsements and schedules: See attached schedule.

The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates, and Rating Plans.  
All information required below is subject to verification and change by audit.

## SEE EXTENSION OF INFORMATION PAGE

Minimum Premium \$

Expense Constant \$  
Premium Discount \$

Assessments and Taxes \$

Total Estimated Annual Premium \$

☐ This is a Three Year Fixed Rate PolicyPremium Adjustment Period: ☒ Annual; ☐ Semiannual; ☐ Quarterly; ☐ Monthly

Countersigned this Day of

Issued Date:

Authorized Representative

Issuing Office AmCOMP Preferred Insurance Co.

AmCOMP Preferred Insurance

Workers Compensation and Employers Liability  
Insurance Policy

Policy Number:

Named Insured:

Agent:

## EXTENSION OF INFORMATION PAGE

### CLASSIFICATION OF OPERATIONS

#### ANNIVERSARY PERIOD:

St	Loc	Code	Classification Description
----	-----	------	----------------------------

No.

Premium Basis	Rate Per	Estimated Policy
Total Estimated	\$100 of	Term Premium
Annual Remuneration	Remuneration	

Issued Date:

WC990630

(5/98 Ed.)

Workers Compensation and Employers Liability  
Insurance Policy

AmCOMP Preferred Insurance

Policy Number:
Named Insured:
Agent:

**ADDITIONAL LOCATION SCHEDULE**

Loc  
Nbr

Name & Address

Loc  
Nbr

Name & Address



**AmCOMP Preferred Insurance**

Workers Compensation and Employers Liability  
Insurance Policy

Policy Number:

Named Insured:

Agent:

**NAMED INSURED SCHEDULE**

Loc  
Nbr

Name & Address

Loc  
Nbr

Name & Address

Issued Date:

wcpnisa WC990632

(5/98 Ed.)

Workers Compensation and Employers Liability  
Insurance Policy

AmCOMP Preferred Insurance

Policy Number:
Named Insured:
Agent:

## ENDORSEMENT SCHEDULE

Loc	Number	Description
-----	--------	-------------

Issued Date:

WC990633

(5/98 Ed.)

## **DIVIDEND PARTICIPATION ENDORSEMENT**

**AmCOMP Preferred Insurance Company**

(Individual Participants Only)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement amends the terms and provisions of the policy and where inconsistent with the terms and provisions of such policy, the terms and provisions of this endorsement shall prevail in all respects. The policy is hereby amended as follows:

This policy is a participating policy and the insured, you, may be entitled to a potential dividend under the policy as a participant. The declaration and payment of any such dividend under the policy is subject to the sole discretion of the Board of Directors of AmCOMP Preferred Insurance Company and is not guaranteed.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

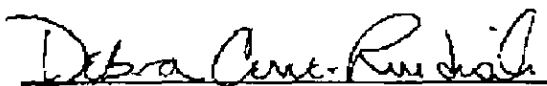
Endorsement Effective \_\_\_\_\_ Policy No. WCV \_\_\_\_\_


Insured \_\_\_\_\_

Insurance Company – AmCOMP<sup>sm</sup> Preferred Insurance Company Countersigned by \_\_\_\_\_

**AmCOMP<sup>SM</sup>**

IN WITNESS WHEREOF, THE CORPORATION HAS CAUSED THE SIGNATURES OF ITS EXECUTIVE OFFICERS TO BE AFFIXED HERETO, AND HAS CAUSED THIS POLICY TO BE COUNTERSIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE COMPANY

  
PRESIDENT

  
SECRETARY

<i>SERFF Tracking Number:</i>	<i>AMCP-125244082</i>	<i>State:</i>	<i>Arkansas</i>
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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

<b>Bypassed -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	08/22/2007
<b>Bypass Reason:</b>	Form UT is not required for SERFF filings			
<b>Comments:</b>				

<b>Satisfied -Name:</b>	Policy Endorsement Listing	<b>Review Status:</b>	Approved	08/22/2007
<b>Comments:</b>				
<b>Attachment:</b>	Arkansas State Specific Approved Forms.pdf			

AmCOMP Preferred Insurance Company Filing – 2007  
Arkansas Approved Endorsement Forms

<b>NUMBER</b>	<b>ARKANSAS FORM TITLE</b>
<a href="#"><u>WC 03 03 01</u></a>	ARKANSAS ASSIGNED RISK ASSOCIATED OR SPONSORED POLICY COVERAGE ENDORSEMENT
<a href="#"><u>WC 03 03 02</u></a>	ARKANSAS ASSIGNED RISK MULTIPLE COORDINATED POLICY COVERAGE ENDORSEMENT
<a href="#"><u>WC 03 04 01</u></a>	ARKANSAS WORKERS COMPENSATION INSURANCE PLAN
<a href="#"><u>WC 03 04 02</u></a>	ARKANSAS WORKERS COMPENSATION INSURANCE PLAN
<a href="#"><u>WC 03 04 03</u></a>	ARKANSAS WORKERS COMPENSATION INSURANCE PLAN MERIT RATING ENDORSEMENT
<a href="#"><u>WC 03 04 04</u></a>	ARKANSAS MANAGED CARE ENDORSEMENT
<a href="#"><u>WC 03 06 01 A</u></a>	ARKANSAS AMENDATORY ENDORSEMENT
<a href="#"><u>WC 03 06 02 A</u></a>	ARKANSAS BENEFITS DEDUCTIBLE ENDORSEMENT
<a href="#"><u>WC 03 06 03</u></a>	ARKANSAS CONTRACT HAULING WARRANTY ENDORSEMENT

<b>NUMBER</b>	<b>NATIONAL FORM TITLE</b>
<a href="#"><u>WC 00 00 00 A</u></a>	Workers Compensation and Employers Liability Insurance Policy
<a href="#"><u>WC 00 00 01</u></a>	Information Page Notes
<a href="#"><u>WC 00 00 01 A</u></a>	Information Page
<a href="#"><u>WC 00 00 01 A</u></a>	General Information Page Notes
<a href="#"><u>WC 00 01 01 A</u></a>	Defense Base Act Coverage Endorsement
<a href="#"><u>WC 00 01 02</u></a>	Federal Coal Mine Health and Safety Act Coverage Endorsement
<a href="#"><u>WC 00 01 04 A</u></a>	Federal Employers' Liability Act Coverage Endorsement
<a href="#"><u>WC 00 01 06 A</u></a>	Longshoremen's and Harbor Workers' Compensation Act Coverage Endorsement
<a href="#"><u>WC 00 01 08 A</u></a>	Nonappropriated Fund Instrumentalities Act Coverage Endorsement
<a href="#"><u>WC 00 01 09 A</u></a>	Outer Continental Shelf Lands Act Coverage
<a href="#"><u>WC 00 01 11</u></a>	Migrant and Seasonal Agricultural Worker Protection Act Coverage
<a href="#"><u>WC 00 01 13</u></a>	Terrorism Risk Insurance Extension Act Endorsement
<a href="#"><u>WC 00 02 01 A</u></a>	Maritime Coverage Endorsement
<a href="#"><u>WC 00 02 03</u></a>	Voluntary Compensation Maritime Coverage Endorsement
<a href="#"><u>WC 00 03 01 A</u></a>	Alternate Employer Endorsement
<a href="#"><u>WC 00 03 02</u></a>	Designated Workplaces Exclusion Endorsement
<a href="#"><u>WC 00 03 03 C</u></a>	Employers Liability Coverage Endorsement
<a href="#"><u>WC 00 03 04</u></a>	Insurance Company as Insured Endorsement
<a href="#"><u>WC 00 03 05</u></a>	Joint Venture as Insured Endorsement
<a href="#"><u>WC 00 03 06</u></a>	Medical Benefits Exclusion Endorsement
<a href="#"><u>WC 00 03 07</u></a>	Medical Benefits Reimbursement Endorsement
<a href="#"><u>WC 00 03 08</u></a>	Partners, Officers and Others Exclusion Endorsement
<a href="#"><u>WC 00 03 09 B</u></a>	Rural Utilities Service Endorsement
<a href="#"><u>WC 00 03 10</u></a>	Sole Proprietors, Partners, Officers and Others Coverage Endorsement
<a href="#"><u>WC 00 03 11 A</u></a>	Voluntary Compensation and Employers Liability Coverage Endorsement
<a href="#"><u>WC 00 03 12</u></a>	Voluntary Compensation and Employers Liability Coverage For Residence Employees Endorsement

<a href="#">WC 00 03 13</a>	Waiver of Our Right to Recover From Others Endorsement
<a href="#">WC 00 03 14</a>	Workers Compensation and Employers Liability Coverage For Residence Employees Endorsement
<a href="#">WC 00 03 15</a>	Domestic and Agricultural Workers Exclusion Endorsement
<a href="#">WC 00 03 20 A</a>	Labor Contractor Endorsement
<a href="#">WC 00 03 20 B</a>	Professional Employer Organization (PEO) Extension Endorsement
<a href="#">WC 00 03 21</a>	Labor Contractor Exclusion Endorsement
<a href="#">WC 00 03 21 A</a>	Professional Employer Organization (PEO) Exclusion Endorsement
<a href="#">WC 00 03 22</a>	Employee Leasing Client Exclusion Endorsement
<a href="#">WC 00 03 22 A</a>	Professional Employer Organization (PEO) Client Exclusion Endorsement
<a href="#">WC 00 03 23</a>	Multiple Coordinated Policy Endorsement
<a href="#">WC 00 03 23 A</a>	Multiple Coordinated Policy Endorsement
<a href="#">WC 00 03 25</a>	Residual Market Multiple Company Endorsement
<a href="#">WC 00 03 26</a>	Residual Market Limited Other States Insurance Endorsement
<a href="#">WC 00 03 26 A</a>	Residual Market Limited Other States Insurance Endorsement (Amended)
<a href="#">WC 00 04 01 A</a>	Aircraft Premium Endorsement
<a href="#">WC 00 04 02</a>	Anniversary Rating Date Endorsement
<a href="#">WC 00 04 03</a>	Experience Rating Modification Factor Endorsement
<a href="#">WC 00 04 04</a>	Pending Rate Change Endorsement
<a href="#">WC 00 04 05</a>	Policy Period Endorsement
<a href="#">WC 00 04 06</a>	Premium Discount Endorsement
<a href="#">WC 00 04 07</a>	Rate Change Endorsement
<a href="#">WC 00 04 08</a>	Longshoremen's and Harbor Workers' Compensation Act Rate Change Endorsement
<a href="#">WC 00 04 09</a>	Premium Determination Endorsement-- Former Self-Insurers 1
<a href="#">WC 00 04 12</a>	Contingent Experience Rating Endorsement
<a href="#">WC 00 04 14</a>	Notification of Change in Ownership Endorsement
<a href="#">WC 00 04 19</a>	Premium Due Date Endorsement
<a href="#">WC 00 04 21 A</a>	Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement
<a href="#">WC 00 04 22</a>	Foreign Terrorism Premium Endorsement
<a href="#">WC 00 05 03 A</a>	Retrospective Premium Endorsement-- One Year Plan
<a href="#">WC 00 05 04 A</a>	Retrospective Premium Endorsement-- Three Year Plan
<a href="#">WC 00 05 05 A</a>	Retrospective Premium Endorsement-- Long-Term Construction Project
<a href="#">WC 00 05 08</a>	Retrospective Premium Endorsement Aviation Exclusion
<a href="#">WC 00 05 09 A</a>	Retrospective Premium Endorsement-- Changes
<a href="#">WC 00 05 10</a>	Retrospective Premium Endorsement-- Non-Ratable Catastrophe Element or Surcharge
<a href="#">WC 00 05 11</a>	Retrospective Premium Endorsement-- Short Form
<a href="#">WC 00 05 12 A</a>	Retrospective Premium Endorsement-- One Year Plan-- Multiple Lines
<a href="#">WC 00 05 13 A</a>	Retrospective Premium Endorsement-- Three Year Plan-- Multiple Lines
<a href="#">WC 00 05 14 A</a>	Retrospective Premium Endorsement-- Long-Term Construction Project-- Multiple Lines
<a href="#">WC 00 05 15</a>	Retrospective Premium Endorsement-- Flexibility Options



<i>SERFF Tracking Number:</i>	<i>AMCP-125244082</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>AmCOMP Preferred Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025827</i>
<i>Company Tracking Number:</i>	<i>AR FF APIC 2007</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Initial Policy Forms &amp; Endorsements</i>		
<i>Project Name/Number:</i>	<i>APIC Form Filing/AR FF APIC 2007</i>		


## Superseded Attachments


Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Original Date:</b>	<b>Schedule</b>	<b>Document Name</b>	<b>Replaced Date</b>	<b>Attach Document</b>
No original date	Form	Policy Jackt/Exection Clause	07/25/2007	Execution Clause w signatures 05.2007.pdf

**AmCOMP<sup>SM</sup>**

IN WITNESS WHEREOF, THE CORPORATION HAS CAUSED THE SIGNATURES OF ITS EXECUTIVE OFFICERS TO BE AFFIXED HERETO, AND HAS CAUSED THIS POLICY TO BE COUNTERSIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE COMPANY

  
PRESIDENT

  
SECRETARY